## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee retifications. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22850

7590

06/16/2009

## CLICTOMED NILIMBED

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope

|   | tran  | transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name) |  |  |                       |                 |   |
|---|---|---|--|--|-----------------------|-----------------|---|
|   |   |   |  |  |                       |                 |   |
|   | 22  | 850   |  |  |                       |                 | (Signature)                             |
|   |   |   |  |  |                       |                 | (Date)                                  |
| APPLICATION NO.   | APPLICATION NO. FILING DATE   |   | FIRST NAMED INVENTOR   |  | ATTORNEY DOCKET NO.   |                 | CONFIRMATION NO.                        |
| 10/588,209<br>TITLE OF INVENTION                                      | 08/02/2006<br>F: HEAT EXCHANGER   |   | Shigeharu Ichiyanagi   |  | 29310                 | 6US40PCT        | 6805                                    |
| APPLN, TYPE   | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSUE   | FEE TO                | OTAL FEE(S) DUE | DATE DUE                                |
| nonprovisional  | NO  | \$1510  | \$300  | \$0  |                       | \$1810          | 09/16/2009                              |
| EXAM  | IINER   | ART UNIT  | CLASS-SUBCLASS   | ]  |                       |                 |   |
| DUONG   | , THO V   | 3744  | 165-173000   | ,  |                       |                 |   |
| CFR 1.363).  Change of corresp Address form PTO/Sl  "Fee Address" ind | ence address or indication<br>condence address (or Cha<br>B/122) attached.<br>ication (or "Fee Address<br>22 or more recent) attach | nge of Correspondence  "Indication form   | 2. For printing on the p (1) the names of up to or agents OR, alternativ (2) the name of a singl registered attorney or a 2 registered patent atto | 3 registered patent<br>vely,<br>e firm (having as a<br>agent) and the name | attorneys<br>member a | 2               | Spivak,<br>land, Maier<br>stadt, L.L.P. |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

listed, no name will be printed.

(A) NAME OF ASSIGNEE

Number is required.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SHOWA DENKO K.K.

Tokyo, JAPAN

| Please check the appropriate assignee category or categories (will not be printed on the patent) | : 🖵 Individual | Corporation or other private group entity | ☐ Governmen |
|--|----------------|---|-------------|
|  |                |   | <del></del> |

4a. The following fee(s) are submitted:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies \_\_\_ - 3 -

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.

Payment by credit card. Transmitted via EFS-Web.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Tradomark Office.

Authorized Signature Typed or printed name

**James D. H**amilton

Registration No. Registration No. 28,421

This collection of information is required by 3 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.